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Bib Data Sheet

CONFIRMATION NO. 3068

SERIAL NUMBER 09/848,448	FILING DATE 05/03/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. TN1A CIP
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APPLICANTS

Ismat Ullah, Cranbury, NJ;

Gary J. Wiley, Jackson, NJ;

** CONTINUING DATA *****

This application is a CIP of 09/735,059 12/12/2000 ABN *Q IT*
 which is a CON of 09/408,098 09/29/1999 PAT 6,224,910
 which is a CON of 09/083,597 05/22/1998 ABN

** FOREIGN APPLICATIONS ***** *Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/11/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>S.T.</i>	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

Bristol -Myers Squibb Company
 Patent Department
 P.O. Box 5100
 Wallingford , CT
 06492-7660

TITLE

HIGH DRUG LOAD ACID LABILE PHARMACEUTICAL COMPOSITION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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